

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 7791852376 FILING DATE

APPLICANT(S)

11/10/07

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1		1			51					
2			1		52					
3			1		53					
4					54					
5		1			55					
6			1		56					
7			1		57					
8			1		58					
9			1		59					
10			1		60					
11			1		61					
12			1		62					
13			1		63					
14		1			64					
15					65					
16		1			66					
17			1		67					
18			1		68					
19			1		69					
20			1		70					
21			1		71					
22			1		72					
23			1		73					
24			1		74					
25		1			75					
26			1		76					
27			1		77					
28			1		78					
29			1		79					
30			1		80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.		4			TOTAL IND.					
TOTAL DEP.		23			TOTAL DEP.					
TOTAL CLAIMS		27			TOTAL CLAIMS					